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E. S. MCKEE, M.D.,
Cincinnati, O.

[Reprinted from the AMERICAN JOURNAL OF OBSTETRICS AND DISEASES
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HABITUAL ABORTION.*

By habitual abortion the writer wishes to be understood to mean those cases for which we have no better term. True, there is a cause for every abortion, but this is sometimes so obscure or so slight, or our perceptions so blunt, that we fail entirely to discover it. Some women are so high-strung, nervously, so thoroughly hyperesthetic, that the slightest trifle, to which no consideration could possibly be given, is sufficient to induce an abortion. These women find it very difficult to reach full term without encountering something which will cause this accident.

Habitual abortion is a term severely criticised by some as unscientific, yet there are cases for which no more fitting designation is at our command. Thomas¹ explains these cases on the theory of a hyperesthetic condition of the uterine system of nerves. It has been the experience of every one largely engaged in obstetric practice that some women are unable to carry their offspring to full time. They again and again bring forth still-born children. Burns mentions Schulzius as reporting a case where a woman aborted twenty-three times at the third month. Young reports thirteen abortions, the fourteenth going to term. Leishman says there are rare instances where we can only account for the repeated abortions by supposing that the uterus has contracted an inveterate habit.

Carpenter² speaks of certain women who, without special cause, miscarry over and over again, and it would seem to be explained to him by the existence of a special irritability of

* Read before the Cincinnati Obstetrical Society, April 18th, 1892.

¹ Small figures refer to Bibliography at the end of the article.

the uterine fibres. The sphincter of the uterus seems to be weakened, and when pregnancy ensues the least effort overcomes it. This has been called laxity of the fibres of the cervix. This irritability of the uterus determines the premature appearance of contractions, the cervix yields, the membranes rupture, and miscarriage occurs without other explainable cause than this excessive irritability of the uterine fibres.

Routh³ alludes to paternal albuminuria as a cause of recurrent abortion, while cardiac incompetency was believed to be an important reason by Dr. Handfield-Jones. A failing left ventricle leads to sluggish circulation in the uterus, and, as a result of this, to extravasation of blood between the membranes and the muscular walls of the uterus. In numerous cases good results followed the administration of cardiac stimulants. Chronic lead poisoning is found by Schuhl to cause frequent abortion. It does not act so prejudicially when the male is affected as when the mother is the victim. In seven cases of men with lead poisoning, their wives miscarried eleven times in thirty-two pregnancies. In three of these cases abortions took place in close succession.

Rest in bed is a most rational and quite successful means of treatment. A woman who shows a marked tendency to repeated abortions will be most liable to abort coincidentally with the menstrual periods. Hence, a few days before menstruation should begin, were she not pregnant, she should take to her bed and remain there until a few days after her period should have closed. Another good plan is to keep the patient in bed the greater part of the time during the second, third, and fourth months. Rest in bed, at least during the days corresponding to the normal menstrual epochs, is often necessary. Schuhl,⁴ in an exhaustive series of papers, recommends remaining in bed altogether until delivery.

In the chlorate of potassium we have a very valuable remedy in habitual abortion. Shoemaker, in his new edition of "Materia Medica and Therapeutics," says that it has been shown that chlorate of potassium, administered in fifteen-grain doses three times a day, is serviceable in preventing diseases of the placenta and thus enabling the woman who was subject to miscarriages to go to the end of her term. It appears

to be valuable in preventing intra-uterine death. Coghill has found it useful in deficient oxygenation of the blood, especially in placental inadequacy. The drug was first recommended in this connection by Sir James Y. Simpson, who was its pioneer advocate where repeated miscarriage had taken place from fatty degeneration of the placenta. His theory was that an abundance of oxygen was supplied to the fetus through the placental tufts. He also believed that it was a means of arterializing the blood. The experiments of Davy and Stephens indicated to Simpson that an alkaline salt, when brought into contact with the blood, gave it an arterial appearance. O'Shaughnessy⁵ has found by experience that it gives a bright scarlet color to the venous blood. Chemists tell us that it is improbable that the salt parts with any great per cent of its oxygen at the normal temperature of the body, yet the fact remains that by increasing the alkalinity of the blood its oxidizing function is augmented—as sea water, for instance, suspends more oxygen than common water.

Fountain⁶ ingeniously applied the oxygenating property of chlorate of potassium in the blood in cyanosis from heart trouble. His results are reported as quite successful. Anemic patients improve in color under this drug. There is an excessive accumulation of carbonic acid in the presence of inflammatory changes of tissue. In the presence of carbonic acid, nascent oxygen is formed from chlorate of potash, which may show how the inflammation is relieved and oxygen furnished the fetus. Quite large doses have been given by some. For instance, Bruce⁷ gave the remedy to the amount of one drachm daily, and in one case, on account of weakening of the fetal heart, gave two drachms daily. He reports its use in six cases of repeated abortion, and in all but one brought the children to term, and brought this one case to the eighth month. Keiller⁷ had given the chlorate of potassium to the extent of several drachms per day, largely diluted, the patient using it as a common drink. He thought the result might come from the tonic power of the salt.

Inglis⁷ reports a case where, after sixteen still-births, the seventeenth was born alive under this remedy. Cairn reported

a case where a woman aborted five times. The chlorate of potassium carried the sixth child to the sixth month.

Tardieu⁸ reports a patient, married six or eight years, who miscarried each year at about the sixth month. He gave two and one-half grains every three hours. His patient was in the worst possible condition and was obliged to remain in bed the whole period of utero-gestation, but the treatment was successful. Carl Braun in his recent work speaks favorably of the use of chlorate of potassium. It has also the recommendation of such distinguished teachers as Leishman, Barnes, Lusk, Fordyce Barker, as well as those of our own city, Drs. Palmer and Reamy⁹ having reported a number of cases in which it was successful.

I have used the chlorate of potassium successfully with several patients, one case being especially interesting. She first came under my observation about ten years ago, being then 34 years of age. She had married at the age of 15, lived with her husband two years, and had two miscarriages. She remained a widow one year, remarried, and had eight miscarriages. These ten miscarriages occurred during the fifth, sixth, seventh, and eighth months of utero-gestation, one only, the last, occurring as late as the seventh month. Two had occurred in the same year. Her husband was a fine, healthy, robust man, who gave an excellent history and showed no signs of disease. Her first husband, she said, was as healthy as her second. Her own health had been remarkably good for what she had endured. No history or evidence of syphilis could be obtained. Physical examination, to my surprise, showed no pelvic condition which might cause the recurrent abortions. She volunteered the information that one doctor who attended her said that the after-birth was nothing but a chunk of fat and took it home with him. The patient was found pregnant. Supposing the cause of these frequent abortions to be fatty degeneration of the placenta, she was placed, after consultation with Dr. Palmer, upon chlorate of potassium, fifteen grains three times a day, until the end of gestation, when a healthy boy was born. In about eighteen months she returned again, about three months pregnant. She was again placed on the chlorate of potassium. She took fifteen-grain doses, and for a time took as

much as thirty grains three times daily. She was occasionally given tincture of chloride of iron, tincture of nux vomica, or bismuth, as the symptoms required. The course of pregnancy was watched; in due time the fetal heart was detected and noted at different intervals, and at term a boy was again born.

Fatty degeneration of the placenta is the most common of the diseases of this organ. Fatty degeneration is malnutrition. The same cause which would produce this in the heart, liver, or any other structure would occasion it in the placenta, as well as anything which retards oxidation. It frequently follows low forms of placentitis affecting cells of the decidua serotina. By the proliferation of connective tissue the maternal blood vessels are compressed, the villi of the chorion which dips into them become atrophied, and fatty degeneration occurs. Syphilis does not play so great a part in fatty degeneration of the placenta as some would have us think. It is a well-recognized fact that there is an excessive accumulation of carbonic acid in the presence of inflammatory changes of tissue. The other fact, that in the presence of this carbonic acid nascent oxygen is formed from chlorate of potash, may point, after all, to the immediate method by which relief is furnished. Whatever the *modus operandi* of chlorate of potassium—whether it acts as a tonic or is decomposed in the blood, thus directly furnishing an increased supply of oxygen to the fetus through the placental tufts; or whether it puts the blood in such a state that it can carry an increased quantity of oxygen, though this is unsettled and a matter of speculation—nevertheless we have the clinical fact with us that it has a direct beneficial effect in properly selected cases, *i.e.*, where there is fatty degeneration of the placenta.

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